2014-15
DIAGNOSTIC MEDICAL SONOGRAPHY
MULTISPECIALTY PROGRAM
STUDENT HANDBOOK
# Table of Contents

Introduction ................................................................................................................................................. 5  
Diagnostic Medical Sonography Program Directory ................................................................................. 7  
Section I - Sonography Program Information ........................................................................................... 8  
  Program Mission ................................................................................................................................. 8  
  Program Goals ................................................................................................................................. 8  
  Program Accreditation ....................................................................................................................... 8  
  Description of the Profession and Credentials .................................................................................... 8  
  Diagnostic Medical Imaging Student Honors Program ...................................................................... 10  
  Educated Citizen .............................................................................................................................. 11  
  Compendium of Learning .................................................................................................................. 11  
  Course Requirements for Success .................................................................................................... 12  
  AIDET .................................................................................................................................................. 12  
  iPads .................................................................................................................................................. 13  
Section II - Sonography Program Policies and Procedures ......................................................................... 15  
  Professional Conduct ......................................................................................................................... 15  
  Technical Standards of Performance ............................................................................................... 16  
  Student & Instructor Professional Boundaries .................................................................................. 16  
  Academic Progression - Diagnostic Medical Sonography ................................................................ 17  
  Academic Sonography Student Retention ....................................................................................... 17  
  Pregnancy Policy .............................................................................................................................. 17  
  Communication Guidelines ............................................................................................................... 18  
  Textbooks, Supplies and Uniforms .................................................................................................... 19  
  iPad Usage In the Classroom Setting ............................................................................................... 19  
  Recording of Classroom Sessions ..................................................................................................... 21  
  DMS Assignments via Google Drive ................................................................................................... 22  
  Sonography Course Grading Policy .................................................................................................... 25  
  Sonography Course Exam Grading Policy ........................................................................................ 26  
  Course Incomplete ............................................................................................................................ 26  
  Communication Devices .................................................................................................................... 27  
  Electronic Communication ................................................................................................................. 27  
  Confidentiality of Patient Records .................................................................................................... 28
Appendix A: Scope of Practice ...........................................................................................................56
Appendix B: Code of Ethics ................................................................................................................58
Appendix C: Clinical Practice Standards ..........................................................................................60

The policies and procedures contained in this handbook are subject to change without notice at the discretion of the Program Director with the approval of the Dean of Health Professions. Any changes made will be communicated to students in a timely manner. It is the responsibility of each student to be acquainted with all requirements, policies, and procedures for his or her degree program and to assume responsibility for meeting those requirements.

You may contact the Program Director, Academic Advisor, or Dean with questions regarding the information in this Handbook or general NMC policies and procedures.
Introduction

The Nebraska Methodist College (NMC) Sonography Student Handbook has been compiled by the faculty to provide information pertinent to students enrolled in all the Sonography Programs offered at NMC. The faculty and staff wish you success in the pursuit of your educational goals.

The Sonography Student Handbook provides explicit policies and procedures specific to the Sonography Programs offered by NMC, and is used in addition to institutional College policies that are located on the College website. This handbook is designed to support the success of the student and is provided to students at the start of the fall term and is reviewed at points throughout the program when policies and procedures have been updated.

The Sonography Program is just one of many programs within the Division of Health Professions that range from certificate to graduate programs. The Division of Health Professions is committed to providing quality educational programs with the purpose of developing successful health care professionals. Developing caring, competent health care professionals prepared for diverse contemporary practice requires the development and practice of interpersonal communication so that interactions with patients, their families, and other professionals on the healthcare team lead all lead to improved patient clinical outcomes. For this reason, all students will receive special training in service excellence through the NMC AIDET program.

It is the responsibility of each student to be acquainted with all requirements, policies, and procedures for his or her degree program and to assume responsibility for meeting those requirements. Any changes made will be communicated to students in a timely manner.

Your signature on page 55 of this handbook ("Student Responsibility Statement") indicates that you have read and understand all policies and that you agree to act in accordance with those policies and regulations.
Welcome!

You will spend the better part of two years completing the courses of the Diagnostic Medical Sonography Program. Integration of the clinical and didactic education at Nebraska Methodist College will be an ongoing process throughout the two-year program. The Diagnostic Medical Sonography offers a sufficient and well-balanced variety of sonographic examinations through clinical affiliates associated with the program. These clinical affiliates play an essential role in facilitating student competency in the clinical setting. Your coursework will be rigorous, and at times you may wonder what you have gotten yourself into, but your perception of intensity has much to do with the amount of time, dedication and commitment you spend towards your chosen profession.

You will have to absorb a lot of information and apply that information in the laboratory setting and clinical setting. You will have to develop critical thinking skills, empathy, and knowledge relating to the field of Sonography. That is how it is in the clinic situation. Every patient, every situation is unique. You can’t memorize all the answers, but you will be expected to apply the basic Sonography skills that you have learned.

You will be educated and held accountable for your professional attributes. What are professional attributes? They are those qualities—over and beyond the knowledge you gain and the skills you learn—which are essential for your success in the classroom and clinic. In broad terms, you will be expected to demonstrate respect for others, communicate effectively, cooperate with fellow workers, and display the dependability expected of a professional. Treat your classmates, instructors, patients, and co-workers, as you would like to be treated.

Those who make the most of the program learn early on that the program faculty, clinical staff and instructors, and other college personnel work extremely hard to build a bridge for you to successfully graduate and realize your dream. You can become a Registered Sonographer and enjoy a rewarding and successful career.

It is up to YOU, the student, to be successful...we are here to help you achieve your goals.

Rebecca Mathiasen BS, RDMS, R.T.(R)
Multispecialty Program Director
Diagnostic Medical Sonography
## Diagnostic Medical Sonography Program Directory

<table>
<thead>
<tr>
<th>Program Personnel—Diagnostic Medical Sonography Program</th>
<th>Room</th>
<th>Phone</th>
<th>Alt #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multispecialty Program Director—Rebecca Mathiasen</td>
<td>RL-2057</td>
<td>354-7034</td>
<td>578-2608 (cell)</td>
</tr>
<tr>
<td>Multispecialty Sonography Clinical Coordinator &amp; Instructor—Abbie Hallgren</td>
<td>RL-2042</td>
<td>354-7074</td>
<td></td>
</tr>
<tr>
<td>Dean of Health Professions—Dr. Amy Clark</td>
<td>RL-2026</td>
<td>354-7024</td>
<td></td>
</tr>
<tr>
<td>Program Faculty (Physics)—Steve Hess</td>
<td></td>
<td>354-7272</td>
<td>614-7609</td>
</tr>
<tr>
<td>Multispecialty Medical Director—Dr. Nick Nelson</td>
<td></td>
<td>354-4344</td>
<td></td>
</tr>
</tbody>
</table>
Section I - Sonography Program Information

Program Mission

Develop Diagnostic Medical Sonographers who exhibit technical competency in Abdomen and OB/GYN ultrasound who will serve the community in the delivery of compassionate, holistic patient care. The graduate will be prepared for entry-level employment and enter the workforce as educated citizens dedicated to meeting the diverse needs of the individuals and communities that they serve.

Program Goals (Associate Degree- Multispecialty)

Graduates of the program will:

1. Possess entry-level diagnostic medical sonography skills in the ARDMS learning concentrations of Abdomen and OB/GYN that will benefit the community's needs according to the standards and guidelines set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) standards and the ARDMS.

2. Model ethical and culturally sensitive professional attitudes, behaviors, and ethics that will encourage lifelong learning, reflective practice and professional growth and development.

3. Exhibit didactic and clinical skills that include the ability to perform age appropriate patient care by assessment of physiological and psychological status incorporating communication skills, critical thinking skills, problem solving skills, and decision making abilities.

4. Attain the NMC Educated Citizen skills to become Reflective Individuals, Effective Communicators and Change Agents.

Program Accreditation

The Diagnostic Medical Sonography Program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). All graduates of the program eligible to sit for the ARDMS examinations in those learning concentrations specific to their program of study.

Description of the Profession and Credentials

The following is a description of the profession as provided respectively by the national professional association and/or accrediting body. As a student you are expected to commit yourself to learning the skills described so that you can serve the community as a competent professional.
**Diagnostic Medical Sonography**

The diagnostic medical sonography profession includes general sonography, cardiac sonography, vascular technology, and various sub-specialties. The profession requires judgment and the ability to provide appropriate health care service. Sonographers are highly skilled professionals qualified by education to provide patient services using diagnostic techniques under the supervision of a licensed doctor of medicine or osteopathy. The sonographer may provide this service in a variety of medical settings where the physician is responsible for the use and interpretation of appropriate procedures. Sonographers assist physicians in gathering data necessary to reach diagnostic decisions. The sonographer is able to perform the following:

1. Obtain, review and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.

2. Perform appropriate procedures and record anatomic, pathologic and/or physiologic data for interpretation by a physician.

3. Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.

4. Exercise discretion and judgment in the performance of sonographic and/or other non-invasive diagnostic services.

5. Demonstrate appropriate communication skills with patients and colleagues.

6. Act in a professional and ethical manner.

7. Provide patient education related to medical ultrasound and/or other non-invasive diagnostic vascular techniques, and promote principles of good health.

**Professional Credentials**

Diagnostic medical sonographer earns competency-based certification by successfully passing a credentialing examination in one or more of the disciplines of the profession. These disciplines and their related credentials as provided by the American Registry of Diagnostic Medical Sonographers are:

1. Medical Sonography  RDMS (Registered Diagnostic Medical Sonographer)

2. Cardiac Sonographer  RDCS (Registered Diagnostic Cardiac Sonographer)

3. Vascular Technology  RVT (Registered Vascular Technologist)

Minimum entry level for the profession is acquisition of one or more of the professional credentials listed above. Taking these examinations is a student’s choice and responsibility. The College does not guarantee that a student will pass these examinations, nor is the College responsible for the expenses incurred by a student as a result of the certification/registration

---

1 CAAHEP, Standards and Guidelines for an Accredited Educational Program for the Diagnostic Medical Sonographer
process. The College cannot guarantee that a student will be permitted to sit for an
examination (ARRT* and ARDMS) and is based on verification of information provided on the
application, which may include investigation of a criminal record. Background investigations
will be conducted as a condition of enrollment for admitted undergraduate and graduate
students to participate in clinical courses. Enrollment in clinical courses and placement in
clinical agencies are contingent upon successful completion of the background investigation. In
addition, serious results of this investigation may affect candidacy for the licensure and
certification examinations and employability. Students concerned about this should are
encouraged to meet with the Program Director and/or complete the ARDMS pre-application
review procedure which assists an individual in assessing the potential impact of criminal
matters on his/her eligibility for ARDMS certification prior to submitting an ARDMS examination
application.

*Graduates of the multispecialty program who possess the ARRT(R) credential are
eligible to take the ARRT Ultrasound examination.

ARDMS candidates must pass required examinations to earn the ARDMS credential. These required examinations are:

1. **RDMS** = Sonography Principles and Instrumentation (SPI) + Abdomen, or Obstetrics
   and Gynecology, Pediatric Sonography (2015 to include Neurosonography), Breast
   Sonography

2. **RDCS** = Sonography Principles and Instrumentation (SPI) + Adult
   Echocardiography or Pediatric Echocardiography.

3. **RVT** = Sonography Principles and Instrumentation (SPI) + Vascular Technology.

4. **Breast (BR)** specialty examination = Sonography Principles and Instrumentation
   (SPI) + Breast (BR) specialty examination

**NOTE:** NMC DMS students are required to sit for their SPI exam as part of their Seminar II
course in their final spring semester. Students are also eligible to sit for both specialty exams if
they desire and are encouraged to sit for at least one specialty exam so they can earn the
RDMS credential prior to graduation.

Diagnostic Medical Sonographers must obtain continuing medical education or successfully
complete an additional ARDMS credentialing examination to maintain active status with the
ARDMS.

**Diagnostic Medical Imaging Student Honors Program - Nebraska Beta Chapter of Lambda Nu**

The Nebraska Beta Chapter of Lambda Nu is the national honor society chapter for radiologic
and imaging sciences at NMC. Students who successfully meet national and chapter
standards of academic excellence and service are inducted into the Society prior to
commencement. Lambda Nu requirements are posted on the NMC Website or can be obtained from the Program Director. Members are granted lifetime membership and privileges including eligibility for scholarships and professional development.

**Educated Citizen**

Nebraska Methodist College is committed to the development of mature, responsible, educated citizens. In addition to acquiring the knowledge and skills to become an entry-level sonographer, you will also exhibit breadth of learning through the liberal arts and sciences traditions to explore, explain and express the diversity of human thought and experience. As a student at NMC, you will develop and complete a NMC Portfolio that documents your personal, student professional and academic development in the areas of Reflective Individual, Effective Communicator and Change Agent. These skills will enable you to meet the challenges and realize the promise of living in a complex, multicultural, and ever-changing world. Many of your DMS course assignments can be included in your NMC Portfolio. Please feel free to meet with your program faculty to discuss inclusion of course assignments in your NMC Portfolio.

**Compendium of Learning**

The art and science of sonography requires that the individual achieve specific knowledge and skills for a defined scope of practice. Learning experiences, clinical practicum and curriculum requirements shall be structured for the health care professional to successfully demonstrate the level of competency necessary for comprehensive practice or limited practice in the following areas.

**Computer Literacy and Applications**: An understanding of generic terminology, keyboard operations, menu selection strategies and logistics of program flow.

**Human Structure and Function**: General anatomy, anatomical relationships, sectional anatomy and organ and system functions in order to perform accurate procedures for the defined discipline; and accurately identify the area of interest on resulting images.

**Instrumentation**: An understanding of the operation of devices, transducer selection; A-mode, B-mode, T-M mode, Real Time and Doppler, hard copy image recorders and other processing techniques.

**Medical Ethics**: Legal considerations which impact upon the Scope of Practice, respecting an established Code of Ethics and risk management.

**Medical Terminology**: An understanding of disease descriptions, abbreviations, symbols and terms or phrases necessary to successfully communicate with other health care professionals.

**Pathology**: Knowledge of disease and abnormalities which influence performance or outcome of an ultrasound procedure. Ultrasonic characteristics of pathophysiology and abnormal tissue.
**Patient Care:** Attention to and concern for the physical and psychological needs of the patient. The individual should recognize a life threatening condition and implement basic life sustaining actions.

**Positioning:** Accurate placement of the body, respecting patient's comfort, ability and safety to achieve prescribed results and best demonstrate the anatomic area of interest. Utilize techniques to physical manipulate and apply appropriate transducers and equipment to produce a desired image.

**Physical Science:** A knowledge of propagation properties, transducer parameters, beam profile, Doppler Effect, interaction properties with human tissue and possible biologic effect.

**Quality Control:** Preventive maintenance and knowledge of equipment capabilities, calibration of and care for equipment respecting operating standards, sensitometry characteristics and monitoring of image processing systems for accuracy and consistency.

**Scanning Procedures:** Ability to select appropriate equipment and scanning techniques to optimally visualize areas of interest.

**Educational Experiences:** Practice experience in various settings is an important educational component of the program. Such hands-on experiences provide a unique form of learning and contribute to professional development.

**Course Requirements for Success**

1. Prerequisites for courses outlined in the curriculum must be met in order to follow the necessary educational sequence.

2. Students are responsible for accessing courses through MyMethodist and downloading all course syllabi, handouts and assignments for each course every semester.

3. Students are responsible for completing IDEA course evaluations for each of their courses at the end of the semester.

4. Students are responsible for checking their Methodist College e-mail accounts daily.

**AIDET**

Students will be introduced to AIDET toward the beginning of the program and will continue to master AIDET throughout their courses in lab and clinical. AIDET stands for:

- **A – Acknowledge** greet people with a smile and an appropriate eye contact and receptive attitude.

- **I – Introduce** offer your name, your role in the patient’s care and communicate your ability and desire to help (full attention).
• **D – Duration** explain how long a procedure will take, how long the patient may have to wait (example: if walking length of walk).

• **E – Explanation** provide detailed information about a test or procedure, such as why it is being performed, who will perform it.

• **T – Thank you** sincerely thanks the patient or visitor for choosing the hospital and for trusting you to provide care.

Students will complete 3 modules of AIDET training and will receive a certificate at the end of the training stating you are competent in AIDET. Students will not receive the AIDET certificate if they do not demonstrate competency in AIDET. Some of the modules have quizzes that you will have to complete.

**NOTE: AIDET is a programmatic requirement and does not correlate with a specific course.**

**iPads**

**Purpose:**

To provide tools and resources for a progressive learning environment characterized by flexibility, collaboration, personalization, creativity, and technology-rich learning.

**Student Responsibilities**

1. It is the expectation of the DMS program that students will have their iPads in all DMS classes. Failure to bring an iPad or any other class material(s) does not release the students from their responsibility for class work.

2. The student will be required to have the device for every course, and it will not be an option for the student to not have an iPad for the program.

3. Students are responsible for ALL damage to their iPads including, but not limited to: broken screens, cracked plastic pieces, inoperability, etc. It is recommended that students purchase the AppleCare Plus Protection to ensure repair or replacement should the iPad malfunction or become damaged.

4. Students are expected to use their iPad in a responsible and ethical manner.

5. Security of information will be the responsibility of the student.

6. NMC’s Student Code of Conduct and other related institutional policies shall be applied to the student’s use of all technologies. These include but are not limited to social media policies, and the use of devices to record classroom material.

**Unacceptable**

1. Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, pornographic, obscene, or sexually explicit materials.
2. Use of chat rooms.

3. Facebook, Twitter, and other apps and social media is prohibited unless it is on break time.


**Please Note:** Your iPad is NOT a laptop, and thus does not operate the same way as a PC.

**Backup Strategy**

It is highly recommend that a backup strategy be used by all students. The use of iCloud is one such option. It is the student's responsibility that work is not lost due to mechanical failure or accidental deletion.

NMC makes no guarantee that their network will be up and running 100% of the time. In the rare case that the network is down, NMC will not be responsible for lost or missing data.
Section II - Sonography Program Policies and Procedures

Professional Conduct

As students in training for a professional field, it is expected that he/she will conduct himself/herself in a professional manner during his/her didactic training, as well as during clinical training. Professional conduct includes, but is not limited to, punctuality, respect of other people, their property, and their right to learn. It also includes an appropriate respect for those in authority. As students of the Sonography program, it is expected that one conducts oneself in a manner that will not bring criticism to him/her, the program or the school. As each affiliated clinical site has granted students the privilege of learning in their facility, students are expected to demonstrate professional behavior at all times.

In any public place the student is potentially exposed to the patients' relatives and friends. Things one says and the attitude one exhibits have impact on those around. We request the student observe the following:

1. Honesty – Being truthful in communication with others.
2. Trustworthiness – Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient's expense.
3. Professional Demeanor – Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under pressure or fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served.
4. Respect for the Rights of Others – Dealing with professional staff and peer members of the health team in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional capacity regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status or veteran/Reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients' modesty and privacy.
5. Personal Accountability – Participating responsibly in patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.
6. Concern for the Welfare of Patients – Treating patient and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care of your own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient.
Technical Standards of Performance

Purpose:
The purpose of this policy is to determine the physical and emotional abilities of a student in the Department in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991.

Policy:
Students are required to perform respective duties of the profession based on the necessary physical and emotional abilities as well as scholastic achievement. The College will make reasonable accommodation for all students.

Procedure:

1. Behavioral and Social Skills - Possess qualities of compassion, integrity, empathy and interpersonal skills. Possess emotional health necessary to effectively complete professional responsibilities.

2. Communication - Read, write, speak, hear, and observe patients to effectively communicate the patient’s condition and interact with the patient and other health care individuals.

3. Integrative and Quantitative Skills - Problem solve utilizing computation, synthesis, and analysis. Visualize and analyze three dimensional relationships.

   *Sonography students* must assist with moving and lifting patients and equipment of up to 50 lbs or more, up to 50% of the time. Visual abilities are necessary for viewing the ultrasound screen 85% of the time.
   (*adapted from Methodist Health System Performance Development Plan - Job Description for the sonographer)

5. Observation - Use instruments requiring sight, e.g., ultrasound and radiographic equipment, health assessment tools and devices, i.e. blood pressure cuff, stethoscope, etc. Make observations and evaluations. Observe results of treatment and reactions.

It is your responsibility to understand the duties, responsibilities, skills and abilities required of your chosen program/profession. In addition to the technical standards as described above, please review the information regarding Diagnostic Medical Sonography at the O*NET website at [http://www.onetonline.org/link/summary/29-2032.00](http://www.onetonline.org/link/summary/29-2032.00)

Student & Instructor Professional Boundaries

As an NMC student, the code of conduct and standards of professionalism are imperative to your success Accordingly, we strongly encourage you **not** to “friend” your any faculty or clinical
academic Progression – Diagnostic Medical Sonography

The Diagnostic Medical Sonography programs are cohort programs, meaning that the program is designed to be completed by the student in a lockstep fashion from beginning to end, according to a preset schedule.

Satisfactory progression with the cohort is necessary to maintain one’s position in the clinical portion of the program because of limited clinical availability.

If a student fails a professional course (other than a general education course that is not a pre-requisite to a professional course), the student cannot progress in the program and will be discharge from the DMS program. Students discharged from a cohort program are eligible to apply for readmission into a subsequent cohort, but readmission is not guaranteed. Please note the Dismissal from a Clinical Education Site in Section IV.

Academic Sonography Student Retention

It is the student’s responsibility to monitor his/her progress in all of the DMS curriculum courses. All Sonography faculty members utilize the MyMethodist for DMS courses therefore grades are accessible to the student at all times. Due to the nature of clinical assessment, reporting an grading, grades for the DMS clinical courses may not be posted to MyMethodist before the end of the semester; the student can track his/her own grades or request a review of all clinical course evaluations and clinical documents to monitor progress. Students are expected to seek assistance from their instructors and/or Student Services whenever necessary to maintain a passing grade average in any course. There is an organized process for keeping students apprised of their grades/professional behavior. The DMS faculty utilizes a variety of forms to evaluate the student’s performance in didactic courses, lab courses, and clinical courses.

Pregnancy Policy

It is recommended that the student who becomes pregnant:

- Inform the Program Director of her pregnancy as soon as known.
- Consult with the Clinical Coordinator to devise a plan for completion of clinical educational requirements.
- Obtain a physician release to return to clinical education after delivery (refer to the Return to Clinical, Class or Lab Following Illness or Injury policy on the College Website for more information)
An “incomplete” due to pregnancy will be managed on a case-by-case basis.

**Communication Guidelines (Informal Resolution of Issues)**

**Purpose:**

To provide a clear chain of communication for the student to follow to seek resolution of a problem that may arise in the classroom, laboratory, or clinical setting. The resolution process for an academic concern is to provide an impartial review of academic situations and issues for ensuring that the rights of all students are properly recognized and protected. No adverse action will be taken against a student who chooses to utilize this process.

The grade received in a course

A decision perceived to be arbitrary, capricious, or applied unequally and impacts one’s academic progression.

Additionally, as a part of the professional expectations of a student, the student is always encouraged to seek immediate resolution by directly engaging the party involved. When this is not possible, the student is expected to use the following line of communication. If the student feels the need to deviate from this procedure, he or she may do so, but must be able to explain why they did not follow the established procedure. Nebraska Methodist College has formal policies and procedures for resolution of academic and non-academic student concerns. The policies are available in the College Catalog online. Refer to the Resolution Process policy under the General Student Policies section for the complete policy at [http://www.methodistcollege.edu/about/policies-and-guidelines/personal-code-of-conduct](http://www.methodistcollege.edu/about/policies-and-guidelines/personal-code-of-conduct)

**Guidelines:**

1. **Academic:**
   a) Student should notify the course instructor of the issue or concern to seek resolution.
   
   b) If the desired outcome is not reached the student should then report the issue/concern to the Program Director.
   
   c) If the issue cannot be resolved at the Program Director level, the Program Director will take the matter to the Dean. If a student wishes to discuss a concern regarding the Program Director, they may take their concern to the Dean of Health Professions after they have attempted to meet with the Program Director to resolve the matter. It is strongly encouraged that a student attempts to resolve matters with their instructor or Program Director in a face to face meeting when available prior to taking matters to the Dean of Health Professions.
   
   d) The Vice President of Academic Affairs will be contacted if the matter is not successfully resolved with the Dean.
e) At any time the student may initiate a more formal resolutions process if the student feels that the matter has not been addressed to their satisfaction—refer to Academic Policies, Student Health Policies, or Personal Conduct Policies on the Website http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies

2. Clinical:

a) The student should notify the designated clinical instructor/preceptor or a clinical staff member about the situation.

b) The clinical instructor/staff will notify the Clinical Coordinator of the situation and whether or not the matter was successfully resolved.

c) The Clinical Coordinator will schedule a meeting with the student involved, and involve the clinical instructor or department manager as necessary. The Program Director will be notified of the issue and the planned steps for intervention.

d) The Program Director will notify the Dean of Health Professions in situations requiring further intervention.

Textbooks, Supplies and Uniforms

Textbook, supplies and/or additional course requirements are listed in each course syllabus. The Sonography textbooks are available in the bookstore approximately 1-2 weeks prior to the start of the semester. It is recommended that students retain possession of anatomy, physiology, pathophysiology, and medical terminology texts used in previous courses. Students should also have English language and medical dictionaries for reference. Students are required to purchase the appropriate clinical and lab attire as specified in Section III and IV.

iPad Usage In the Classroom Setting

Purpose:
To ensure appropriate iPad usage in the classroom setting.

Policy:
Our program utilizes the iPad for classroom activities, classroom assessments (i.e. RAT’s and quizzes), lectures, reference, and record keeping and as a device for note taking. Our current technology requirement for the iPad in the classroom setting is as follows:

   iPad version 2 or higher
   Minimum 16GB (32GB recommended)
   Wi-Fi capable
iPad usage in the classroom setting offers tremendous educational advantages. In order to maximize these advantages, appropriate guidelines for usage of the iPad in the classroom setting are as follows:

**Appropriate uses of the iPad in the classroom setting:**

- Usage of the iPad for activities pertaining to the classroom educational experience.
- Usage of the iPad to research pathology, pertinent images and diagnostic techniques is wholly permitted and encouraged in the classroom setting during appropriate times specified by instructor. Usage of the iPad to access the Methodist College e-mail system and/or MyMethodist during appropriate times specified by instructor.
- Usage of the iPad to observe or study educational materials pertinent to NMC courses during appropriate times specified by instructor.
- Usage of the iPad to review assigned journal articles and other pertinent readings during appropriate times specified by instructor.

**Note:** At the present time, iPads are not used for testing inside the classroom.

**Inappropriate uses of the iPad in the classroom setting:**

- Accessing or browsing websites that are non-pertinent to classroom instruction. Accessing or utilizing apps that are non-pertinent to classroom instruction.
- Accessing iPad content that can be deemed as offensive and/or inappropriate by others. This is independent of whether or not the offended party is present or observes the offensive/inappropriate content.
- Usage of social media, games, access of non-NMC email accounts, non-pertinent websites and non-pertinent apps are forbidden in the classroom setting. The only exceptions to this rule are if you are on a designated break or, alternatively, granted permission by the instructor.
- Usage of the iPad to access, transmit and/or store sensitive patient information in the classroom. Any other iPad usage that the instructor deems a distraction or is detrimental to the classroom learning environment.

Should an instructor deem a student to be using the iPad inappropriately in the classroom setting, the instructor will implement a penalty.

**Penalties for inappropriate iPad usage:**

**Initial Instance:**

Penalties for an initial instance of inappropriate usage of the iPad in the classroom setting are set by the instructor. Examples of penalties for an initial instance of inappropriate iPad usage in the classroom can be, but are not limited to, one or more of the following:
Second Instance:

Penalties for a second instance of inappropriate usage of the iPad in the classroom setting are set by the instructor. Examples of penalties for a second instance of inappropriate iPad usage in the classroom can be, but are not limited to, one or more of the following:

- Written reprimand.
- Dismissal from class for that day.
- Reduction of course grade by up to ½ to one whole letter grade to a maximum cumulative deduction of one letter grade.

Third Instance:

Penalties for a third instance of inappropriate usage of the iPad in the classroom setting are set by the instructor. Examples of penalties for a third instance of inappropriate iPad usage in the classroom can be, but are not limited to, one or more of the following:

- Written reprimand.
- Dismissal from class for that day.
- Student placement on an academic performance (is it referred to as an academic performance or classroom contract) contract.

Recording of Classroom Sessions

Policy:

Nebraska Methodist College prohibits recording and transmission of activities (e.g., lectures, discussions) that occur as part of a classroom session by a student unless written permission from the course instructor has been obtained and all students in the course as well as any guest speakers have been informed that audio/video recording may occur. A recording is defined as a video or audio replication or photographic image recorded on devices, including, but not limited to, audio recorders, video recorders, cellular phones, digital cameras, MP3 players, computers, tablets, and other handheld devices that records images and/or sound. If a student is granted permission to record any portion of a classroom session, that student understands that the recording is for the sole use of the individual student and may not be reproduced, sold, posted online, or otherwise distributed. A student does not have permission to reproduce or post the information on any social media (e.g., YouTube, FaceBook, etc), or other public or private forum that would infringe on the privacy rights of others represented in the recording. (See full policy in the NMC College Catalog)
Note: Each DMS faculty member will determine whether or not audio and video recording in their class is allowed and may ask at any time to have a student discontinue audio or video recording.

DMS Assignments via Google Drive

The DMS Program has set you up with a Google Account through the methodistcollege system so students can upload files and share them as necessary. Below are the instructions for logging into it, uploading your file, and sharing it with classmates. Contact the Program Director with any questions.

Creating your folders and your assignments

1. Go to google.com
2. Click on Drive at the top of the Google site
3. In the Sign In window type student.e-mail@methodistcollege.edu in the e-mail window and “student password here” for the password. Then click the Sign In button
4. Start by creating a Folder for each course in a given semester:

5. Include in the name:
   a) The current school year (four digits such as 2013)
   b) The course number (ex: DMS 239)

The new folder will appear in your files list.

6. Please create subfolders in each course folder (Ex of subfolders: Section information such as, OB, ABD, Lab). Select the folder and click on the Create icon toward the top left of the screen
   a) In the “New Folder” popup window, type the name of the Subfolder

7. Save your assignments in the respective folders. When you save them, please include the following:
   a) The current school year (four digits such as 2013)
   b) The course number (ex: DMS 239)
c) Your name (last name then first name)
d) The name of the document or folder
   - A shared folder may be named: 2013-DMS239-GYN-Smith-Jane-Worksheet #1

Sharing your work:

1. Toward the top left of your Google Drive space, you will see two icons Create and another one just to the right that looks like a disc drive with a small arrow pointing up. This icon is the Upload icon.
   a) Click on it, and then click on Files.
   b) This pops up a "Select File To Upload" box. Locate the file that you want to upload into your account and click on it so the name of the file shows in the File Name window, then click the Open button.
   c) Once the file has completed uploading, you will see it appear in your documents space. Right click on it and click on Share from the pop-up window.
   d) Under "Who Has Access" next to private, click on Change and select “Anyone who has link can view” then click save.
   e) Now you will see a Link to Share on the share pop up window. Copy this link
   f) Return to your course where you need to place the file
   g) Click on the forum and Add a Post
   h) Type a subject and any text you wish then right click and paste the link to the file in the body of your text for the post.
   i) Click Submit.
   j) This will give your instructor and whoever else you wish, a link to your file that they can download and watch on their computers.

Note: Instead of just sharing individual documents, you can also choose to share an entire folder with others. If you do this, then everything inside the folder will be automatically shared with those people. If later you add a new file to the folder, it will automatically be shared to those people as well.

2. Sharing a folder is useful if you plan to share multiple files routinely with the same person or group of people. For example, this could include a project you are working on, or a handouts folder, or an assignment turn-in folder.
   a) To share a folder, first click on the folder name on the left side of your Drive screen.
b) Now **click the down-arrow** to the right of the folder name, or **right-click** on the folder name.

c) From the drop-down (or pop-up) menu choose “**Share...**” and then “**Share...**” again.

3. This will open the “**Sharing settings**” window.

4. Now **follow the same instructions for how to share a document** from earlier sections. This includes sharing with people and email groups, changing privacy settings, and giving rights to view, comment, or edit.

5. **Note:** When sharing folders there is **one extra permission setting for editors**. By default editors of a folder are also allowed to add new people to the folder and to change the permissions on the folder. If you do not want editors to have these rights, then you will need to do the following

6. Click “**Change**” at the bottom of the “**Sharing Settings**” window.

7. Now select the option for “**Only the owner can change the permissions.**” and then click “**Save**”.

8. When you have finished sharing the folder, the folder will show up for the users under “Shared with me” on the left side of their Google Drive screen.

To change your password to this account, do the following:

1. After signing into your Google Docs College Account, click on your e-mail address at the top right of the screen
2. Click on Account Settings
3. Click on Change Password
4. Type your current password (See #3 in the instructions above)
5. Type in a new password in the New Password and Confirm New Password spaces then click Save

Note: See Section IV for details on Clinical Assignments, Clinical Portfolios and Google Drive.

Sonography Course Grading Policy

Purpose:
To clarify the grading policies of professional sonographic courses.

Policy:
Students must have a minimum of a 70% (C) average in their professional courses/labs.

Procedure:
1. Students must achieve a minimum of 70% average in each section to successfully complete the course.
2. Prior to the final course grade computation, assignments will be averaged separately to determine if a 70% has been met or exceeded.
   a) Course grades will be figured by the total number of points that were available in the course for that semester.
   b) There will be no curve grading, so the grade you earn is a direct reflection of your own performance, and uninfluenced by the class average.
   c) There will not be any rounding of numerical grades to the nearest integer.
Sonography Course Exam Grading Policy

**Purpose:**
To clarify the grading policies of exams in professional sonographic courses.

**Policy:**
Students must have a minimum of 75% average on all examinations to successfully complete a course.

**Procedure:**
1. Students must achieve a minimum of 75% exam average to successfully complete the course.
   a) Lab Competencies will be treated as exams.
2. Test grade averages equal to or greater than 60% and less than 75% will result in a “D” in the course.
3. If the test grade average is greater than or equal to 75%, the final course grade is computed incorporating all graded class assignments.
4. A grade of “D” or less in any course will result in failure to progress academically (See Academic Progression Policy).
5. If a student wishes to dispute an exam question, they must appeal IN WRITING within 24 hours after the exam has been returned and must include a specific rationale for why your answer is correct with supporting evidence (citations). The faculty member will respond within 3 working days of the date the appeal was received.
6. Please allow 5-7 working days for grading of exams.

**Course Incomplete**
An “I” is given to a student who has substantially completed a course, but who as a result of serious illness or other justifiable cause, cannot complete all requirements of the course by the end of the term. The “I” is not granted to a student who has been excessively absent during the term or who has simply failed to complete the work of the course before the end of the term without an exceptionally good reason.

The student faced with extenuating circumstances that prevents satisfying course requirements according to the established schedule must contact the faculty in the course. The faculty reviews the situation and agrees or disagrees with the student request. If a faculty member agrees, the student and the faculty member will complete and endorse a Completion of Course Agreement Form (available from the Registrar) detailing the requirements and plan for completion of the course. This agreement will specify the final grade to be assigned if course work is not completed by the deadlines specified.
The responsibility for completing all coursework rests with the student. The **maximum time** allowed for clearing a grade of “I” is one year from the START of the course. If, after one year, the student has not completed the necessary requirements to finish the course, the instructor will assign the final grade as agreed to in the Completion of Course Agreement Form. Refer to the Course Incomplete Policy on the Website http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies.

**Communication Devices: (personal calls, cell phones and pagers)**

**Purpose:**
To support an academic atmosphere free from distractions caused by communication devices.

**Policy:**
No personal telephone call should be received while in the clinical area except for emergencies. Departmental telephones may not be used for personal calls.

All students must turn cell phones and pagers off during all educational activities (class, lab, clinical). These devices are disruptive to the educational environment and should only be activated during breaks.

Failure to do so may result in dismissal from the classroom, lab or clinical site and could result in disciplinary action. Disciplinary action for violations of the student code of conduct (privacy violations, photographing documents or individuals, text-messaging during an exam, etc) range from a written or verbal warning to dismissal.

**Electronic Communication**

**Purpose:**
To ensure the privacy of all communications with the College.

**Policy:**
All students are required to utilize the Methodist College e-mail system for electronic communication with the instructor. Students are also to ensure that only appropriate materials are transmitted through this e-mail account. Inappropriate material or material in bad taste sent can be subject to disciplinary action as deemed by the Program Director and/or Associate Dean.

Electronic Communication Etiquette: Students are to use appropriate and professional etiquette when communicating with College faculty or personnel, or any representative of the Program including clinical instructors. This includes, but is not limited to:

- Appropriate salutation or greeting by name (i.e.- Hello, Dr. Smith, Hi Jane, etc)
- Full sentences with appropriate grammar —(no text-message shortcuts or jargon)
The instructors will use e-mail frequently to contact you individually and occasionally as a group; therefore, it is very important that you check your college e-mail frequently (at least once a day) and that you carefully read all e-mail correspondence. We will make every effort to respond to your e-mail messages within 24 hours of receipt of your message during the week. If you send an e-mail after 4 P.M. on Friday, however, do not expect a reply until after 9 A.M. on Monday morning. If you are having technical problems with MyMethodist (Discussion Board, etc), please call technical support. If you have questions of a more personal nature, please contact us individually via phone or set up an appointment before contacting anyone through e-mail. Refer to the College Online- Communication Policies at http://www.methodistcollege.edu/about/policies-and-guidelines/online-communications-policies.

Confidentiality of Patient Records

*Purpose:*

Students are able to complete the clinical objectives and requirements of the programs through the privileges granted them from the clinical affiliates associated with the program. While in the clinical areas students will be privy to confidential information for each patient examined. The purpose of this policy is to protect patient identity and privacy.

Each student is required to sign confidentiality agreement. An excerpt of the agreement follows:

The student *acknowledges his/her responsibility under applicable State and Federal law and the Agreement between NMC and Facility, to keep confidential any information regarding Facility patients,* as well as all confidential information of NMC and Facility. The undersigned agrees not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and *further agrees not to reveal to any third party any confidential information of NMC and Facility,* except as required by law or as authorized by NMC and Facility.

The undersigned understands that all Facility computer network accounts opened for him/her are to be used by the undersigned. The undersigned agrees not to make the account available to any other person. *The undersigned further agrees not to access any user account for which he/she does not have authorization to use.* The undersigned will not delete, modify, remove, or change any computer file that belongs to another person. The undersigned also understands that the information contained in the patient management systems and employee management systems is confidential and that accessing that information for personal use or allowing another person to access such information or to divulge such information, particularly confidential patient information, is cause for disciplinary action up to and including termination of employment, contract and/or dismissal from the training program at the Facility.
In accordance with federal HIPAA regulations, removing client records (including film or video tapes) is expressly prohibited unless the patient has signed a release form or the material has been thoroughly de-identified. The student must abide by the individual policies and procedures set forth by each clinical site pertaining to the use of cases for educational purposes. **Failure to abide by this policy may result in suspension or dismissal from the College and/or legal action brought against the student. Student liability insurance provided by the College will not protect the student who violates this policy.**

**Procedure:**

1. Any discussion of the patient information beyond the purpose of fulfilling clinical assignments is prohibited.

2. Appropriated discussion of patient information to co-workers and hospital employees must be accomplished in a confidential manner and place to restrict information only to the healthcare personnel involved with that patient's care. Conversations in elevators, eating places, or other places of common assembly within the clinical site must be avoided. Patients' families and community people may be listening and wrongly interpret the things discussed. Careless talk may lead to malpractice litigation.

3. If client information is to be taken from a unit/agency, students must consult with the clinical instructor or Clinical Coordinator regarding agency policies and procedures. The policy may include having the client sign a release of information form available at that site.

4. All identifying client information must be blacked out or eliminated from any client record.

5. Discussion related to the case is to take place **solely** in the classroom with the instructor present. The material must be presented in a way that completely protects the patient's identity.

Policy: Please review the full policy on the website under general policies at [http://www.methodistcollege.edu/about/policies-and-guidelines/general-policies](http://www.methodistcollege.edu/about/policies-and-guidelines/general-policies)

**Disciplinary Action**

**Policy:**

Any infraction of the policies of the Diagnostic Medical Sonography program, NMC, and/or any infraction of the policies and regulations of the clinical site in which the student is assigned will warrant disciplinary action. These interventions below are not in lock-step order, meaning that any type of disciplinary action may be initiated at any time depending on the seriousness and frequency of the infraction, circumstances surrounding the infraction and the student’s prior record.
**Procedure:**

1. If the problem should develop within the DMS program or assigned clinical site, the staff will notify the proper program faculty through the appropriate channels of communication (see Communication Guidelines Policy).

2. The program faculty will investigate the situation and decide upon the appropriate measure to pursue. Disciplinary action shall fall into one of the following categories *(these are not in a lock-step order)*:

   a) **VERBAL WARNING** - The appropriate faculty member will notify the student that continuation or repetition of specified conduct may be cause for other disciplinary action.

   b) **WRITTEN WARNING** - A written reprimand may be given to a student whose conduct violates any part of these regulations or policies. Such a reprimand does not restrict the student in any way, but does have important consequences. It signifies that he or she is in effect being given another chance to conduct himself or herself as a proper member of the institution community, but that any further violation may result in more serious penalties.

   c) **DEVELOPMENTAL PLAN/CLINICAL PERFORMANCE CONTRACT** - This is a written plan that involves input from the student and Program Faculty and is directed toward establishing strategies which will improve the students behavior (clinical or classroom). This will occur a maximum of once per semester.

   d) **COURSE FAILURE and/or DISMISSAL FROM PROGRAM** – Students who fail in the above processes are subject to the policy regarding academic progression.

3. At any time during this process, a student may be referred to counseling, in addition to or in place of, other sanctions. In the event a student is believed to be in immediate danger to him/herself or to others due to emotional or psycho-social issues, the student may be required to obtain professional evaluation and treatment in order to remain enrolled as a student.

**Outside Employment**

**Purpose:**

To ensure separation of clinical education and student employment within the profession and to provide guidance on balancing employment with program rigor.

**Policy:**

Students may be employed outside the classroom and clinical times. However, employment within the discipline being studied will not substitute for program clinical time. Because of the rigorous nature of the Program, it is generally advised that the student engage in part-time work if necessary. It is ultimately the student’s decision whether and how much to work.
Students should be advised that the course, clinical and lab schedules will not be altered to accommodate a student’s employment schedule.

1. Outside employment must be arranged to not interfere with Program classroom, lab, off-campus experiences and clinical schedules.

2. Employment in the discipline being studied is a matter between the employee and the employer. The College is not a party to any such agreements.

3. Employment in the professional area being studied is a matter between the employee and the employer. The College is not a party to any such agreements and provides no liability insurance for the actions of students who are acting outside of their role as a student.
Section III– Sonography Lab Policies and Procedures

Sonography Lab Courses and Sessions

Scheduled Sonography lab courses and or sessions are designed to provide instruction in the technical and psychomotor skills involved in learning basic and advanced scanning skills, production of sonographic exams, and the analysis and critique of sonographic images and/or exams.

Lab Utilization and Scanning Policies

Purpose:
To monitor appropriate lab utilization.

Policy:
The use of ultrasound equipment is restricted to the DMS program faculty and the students enrolled in the Sonography Program. Use of ultrasound equipment by any other nursing or allied health students is expressly prohibited and may result in disciplinary action. The policy is also to ensure the prudent and safe utilization of ultrasound when scanning volunteer models. Each learning concentration may have more specific lab polices (See Lab Course Pages on MyMethodist).

Procedure:

1. Students are expected to conduct themselves as though they are in the clinical setting. Loud talking, joking, use of foul language or any disruptive behavior will cause the student to be dismissed from the lab session and will result in a disciplinary action.

2. Students should wear appropriate lab attire of solid, one color scrubs with NMC Student identification at all times (see clinical dress code policy).

3. There shall be NO minors in the lab at any time.

4. Minors are not allowed to be scanned.

5. The Sonography Lab Calendar (Google) must be utilized at all times for reservation of equipment use. You may reserve unit for up to an hour of time. If it is not reserved for that period of time and you wish to use it longer, you may do so. Keeping in line with the ALARA concept, OB volunteers should not be scanned for more than one hour. Weekly scanning times should not be reserved any more than 1-2 weeks in advance.

6. All volunteers must sign a waiver (Laboratory Volunteer Consent Form or OB Volunteer Consent Form) that indicates that the sole purpose of the experience is for education and instruction. A physicians name must be included for contact in the unlikely event that an incidental abnormality is discovered. This form must be on file with the instructor, prior to the volunteer being scanned.
a) Pregnant volunteers must have had a normal ultrasound examination prior to the lab experience and have a completed **OB Volunteer Consent Form** must notify her physician of her intent to volunteer as a model. Under no circumstances will a pregnant woman be scanned who is not under the care of a physician and who has not had an initial screening ultrasound exam that has been interpreted by a physician. Direct supervision shall be provided by an instructor unless indirect or limited supervision has been approved in advance by the instructor.

7. Students may have a beverage and food in the lab but must comply with the following:

   a) All food must be in a covered container or to-go box.
   
   b) All beverages (pop, coffee, juice, etc.) must be covered and kept in the storage cubicles.
   
   c) At no time should there be food or drink in the scanning portion of the lab or by the computers.
   
   d) All food/drink must be disposed of prior to leaving the lab.
   
   e) These privileges are ultimately at the discretion of the program faculty and may be altered.

8. Laboratory Demeanor:

   a) Students are required to conduct themselves as sonographic professionals while in laboratory. Always assume that patients are present or due to arrive.
   
   b) If music is playing, it must be played at a low volume and may not contain offensive lyrics and/or content.
   
   c) The laboratory must maintain a “library-like” environment. Excessive or loud talking is prohibited.
   
   d) Students that have reserved laboratory time on the calendar shall always have “right of way” for equipment utilization over those that did not.
   
   e) Patient privacy and modesty is paramount. Students scanning the volunteer will ensure that all patients are afforded privacy and also appropriately covered.

9. When a volunteer is to be scanned, the student and instructor will introduce themselves to the volunteer and explain the procedure. The volunteer **MUST** sign a **Laboratory Volunteer Consent Form** prior to being imaged. These can be found in the organizer on the wall in the lab. The student and instructor will conduct themselves as they would in the clinical site. All volunteers shall be treated with the same respect and courtesy as patients in the clinical setting.

   a) The instructor will explain to the volunteer that technical information and scanning instructions will be given to the student and that the instructor will answer student questions about anatomy, scanning technique, and image acquisition during the scanning session.
b) Scanning times are to be limited to one hour per “exam”.

c) If a significant atypical finding is discovered by the student and/or instructor(s), the student and instructor will document the finding (if possible) and the scan session will be terminated. The medical director will be contacted for appropriate action, which may include informing the volunteer’s physician.

10. Washing of the dirty linen is a shared responsibility amongst the students. A semesterly schedule/rotation of laundry will be distributed at the beginning of each semester. It is the student’s responsibility to take care of the linen during their designated week. If they are unable to fulfill that duty, the Program Director should be notified.

Ultrasound Equipment Utilization

**Purpose:**
To ensure that equipment is properly maintained.

**Policy:**
The student will be responsible for the condition of the equipment that is entrusted to his/her care for educational purposes through proper utilization and maintenance.

**Procedure:**
1. All students must have had an orientation to the lab, equipment and policies *prior to use*.
2. The Sonography Lab Calendar (Google) shall be utilized at all times for reservation of equipment use. You may reserve unit for up to an hour of time. If it is not reserved for that period of time and you wish to use it longer, you may do so. Keeping in line with the ALARA concept, OB volunteers should not be scanned for more than one hour.
3. Upon arrival, the student will turn on the unit of choice and wait for the appropriate warm-up period.
4. After a transducer is used, it is to be cleaned with a moist towelette or washcloth and hung appropriately. **Under no circumstances should a transducer be allowed to hang by the cord.** This can damage the wiring and result in irreparable damage to the unit and possible injury to the user.
5. At no time should there be a transducer lying on the floor or anywhere except for the allotted holder on the machine.
6. When the student has finished, the machine is to be cleaned of any gel that has accumulated on the keyboard, panels, and transducers, and the unit is to be turned off.
7. All dirty laundry is to be placed in the hamper and refer to the laundry schedule posted.
8. The MS and CV programs have more specific lab policies. Please refer to these for more detail.

Receiving Feedback in the Lab

1. Assume that feedback is constructive.
2. Ask for clarification or examples if statements are unclear or unsupported.
3. Accept negative and positive feedback positively for consideration, rather than dismissively for your protection.
4. Ask for suggestions of ways you might modify or change your technique.

Scanning Assignments

1. Scanning assignments are expected to be the student’s own work. If it is brought to the instructor’s attention that a scanning assignment is not the student’s own work, this is considered to be plagiarism and plagiarism of any kind will not be tolerated. Refer to the Academic Policies, Student Health Policies, or Personal Conduct Policies on the Website http://www.methodistcollege.edu/about/policies-and-guidelines/academic-policies.
2. The only means for acquiring images off of the machines is by thumb drive. (Unless you are using the HP machine or GE machine).
3. Rubrics shall be provided by instructors so expectations are clear for each assignment.

Utilization of Lab Computer

**Purpose:**
To ensure that the computers in the lab are used for sonography education purposes.

**Policy:**
Students are to use the computer in the lab for education purposes only. It is expressly for the use of sonography students and faculty unless permission is obtained from the program administration.

**Procedure:**
1. **NO software may be loaded on the computer** in that it may conflict with existing programs and cause system failure. This policy will be strictly enforced.
2. All educational and registry review CDs are located in the Program Director or Clinical Coordinator’s office and may be used by checking them out.
3. Under **no circumstances may computer software be duplicated**. This is in violation of copyright laws and will be strictly enforced.

**Use of Learning Resources**

**Purpose:**
To ensure that learning resources such as computer programs, library books and journals are used and returned in good condition.

**Policy:**
Students have open access to all learning resources in the lab. If any item is going to be removed from the lab, the student must check it out with a faculty member. Learning resources are there to enhance the educational experience and should be used by all students. However, these supplies are also expensive. If this policy is not adhered to, the result will be a closed system whereby all materials will be locked up and require the presence of an instructor for check-out. It is the expressed wish of the department that this would not have to happen.

**Procedure:**

1. Students have open access to the lab. If a scanning lab is in progress, the student may ask the instructor for permission to enter and retrieve material.

2. All material is to be used in the lab. If the student needs to remove an item from the lab, it must be signed out with an instructor.
Clinical Assignment/Selection – Multispecialty Students

**Purpose:**

The program utilizes multiple clinical affiliates. The Clinical Coordinator(s), in conjunction with Program Director, places students at clinical sites to give all students equitable and comparable clinical experience. Students do not choose their clinical sites. Any changes to student assignment will only be made by the Clinical Coordinator or Program Director.

**Policy:**

The Clinical Coordinator has the responsibility for assigning students to clinical rotations. Students must complete their clinical education through scheduled utilization of approved clinical affiliates. Site preference is considered, but clinical site assignment remains solely at the discretion of program faculty. Students shall use personal or public transportation to clinical sites. Commuting time and costs are not determinant factors in making clinical assignments.

**Procedure:**

1. Student input into selection of clinical site or facility may be solicited in specific (and rare) instances.

2. In order to obtain specific clinical experiences to meet course objectives, students may be required to travel to clinical settings in a variety of geographic settings. Students should be aware of the possibility of direct and the indirect expenses associated with travel.

3. Students will receive the clinical schedule for each semester approximately 2 weeks prior to the beginning of the semester. It is the student’s responsibility to arrange to be at his/her site and at the hours given in the clinical schedule. The Clinical Coordinator and the clinical site must be notified if there are to be any changes (earlier the policy stated that only the CC could make changes but this statement implies that the student can make changes).

4. Per the Clinical Affiliate Agreement, a clinical site, at their discretion, has the right to dismiss a student or not accept a student back into the clinical site. Immediate and/or future clinical placement is not guaranteed. Refer to the Dismissal from a Clinical Site policy on page 28-29.

**Directed Clinical Experience /Clinical Externship**

Students interested in completing either of these courses should communicate at least one semester in advance with their advisor and/or Clinical Coordinator. It is the student’s responsibility to find the clinical site, contact them and gain the necessary information needed. A clinical affiliation agreement must be in place for the student to participate.
Dismissal from a Clinical Education Site

Any request by a clinical site to remove (temporary or permanently) an individual student from the site as a result of the student’s behavior or performance will be evaluated on a case-by-case basis. Depending on the nature of the clinical dismissal, actions may range from placement at a new clinical site or required make-up time to clinical probation or program dismissal. Due to the variety of circumstances that involve the affective and technical domains of learning, no one disciplinary standard can apply to all of these areas. The nature and degree of disciplinary action taken will be based on the type and seriousness of the infraction, the student’s academic and clinical record, and previous history of warnings/disciplinary actions. Note, incidents that compromise patient safety or violate patient confidentiality (HIPAA) will have serious consequences. The Clinical Coordinator will conduct an investigation of the situation and together with the Program Director and render a decision on the outcome. If a student is removed from the clinical site, immediate and/or future clinical placement is not guaranteed. In some cases, a student’s clinical experience may be delayed depending on clinical availability.

Student Exposure to Illness

As healthcare providers, Nebraska Methodist College students are at increased risk of exposure to communicable and blood borne illnesses (including, but not limited to: influenza, hepatitis, pertussis). Students are required to maintain complete and current health and immunization records with Student Health Services. This requirement ensures the well-being of students, clients and the NMC community. Please refer to your Clinical Policies and Student Health Center policy for guidance should an exposure occur. Refer to the Academic Policies, Student Health Policies, or Personal Conduct Policies on the College Website http://www.methodistcollege.edu/about/policies-and-guidelines/student-health-policies.

Clinical Attendance

Purpose:

Each student will be assigned to one or more clinical sites for each semester. The student is required to be present in their designated department according to the schedule that has been provided. Students are required to make-up any hours missed at the clinical site where the absence occurred.

Clinical rotations provide the experience and practice necessary in developing clinical skills and problem solving abilities. Attendance and punctuality matter. You will not be able to fulfill your competency requirements for the clinical portions of the courses if you are not in attendance at your clinical assignments.

Policy:

Responsible attendance is a tremendously important part of the student’s education. Students are responsible for their own transportation to assigned clinical sites. Students will follow designated clinic hours during the entire semester. Students are required to attend all
scheduled clinical sessions. Tardiness will not be tolerated and must be made up. If a clinical site is closed for any reason the hours must be made up. Clinical time missed must be made up in the semester in which it was missed or academic progression and/or graduation might be delayed. Refer to the pregnancy and short term disability policies for absences that might extend beyond a semester or cannot reasonably be made up in the semester in which they occurred. This does not include days where the college is officially closed (hotline 402-354-7222). This may be weather or non-weather related. Clinical make-up is not guaranteed in all circumstances due to the structure of the programs. If clinical rotations are not complete, the student may receive an incomplete grade for the course. Refer to the Incomplete and Academic Progression Policies on the College Website at http://www.methodistcollege.edu/about/policies-and-guidelines/.

Procedure:

1. Clinical schedules will be developed and provided to the students and clinical staff prior to the start of a semester. **Students are responsible for all clinical hours in a given semester. Students will not be allowed to accrue or build-up compensatory time.** However, if a student fulfills their clinical hour requirement in their final spring semester, they may have the option to opt out of clinical attendance in the last week of that semester only. This option is only available to students in good standing academically. Students on a Clinical Performance Contract are not eligible to accrue time to be used at the end of the final spring semester.

2. If there is a need or request to alter a student’s clinical rotation schedule in any manner (i.e. hours, rotations, etc) a request must be made in writing to the Clinical Coordinator prior to the change, so that it may be approved. Failure to follow procedure may result in removal from the clinical site or forfeiture of unauthorized clinical hours.

3. If a student wishes to attend a clinical site during a time that is not designated for clinical time in the syllabus, schedule (for further experience, or if they would like to shadow a sonographer on call, etc.) they must first contact the Clinical Coordinator who will then contact the clinical site/sonographer for approval. This time may not be logged as fulfillment of required clinical hours in any clinical practicum course.

4. Due to the mandatory number of clinical hours required to pass a clinical practicum course, students are not allowed to leave the clinical site early even if the clinical site’s schedule is finished for the day. There is always a possibility that a case may be added on late in the day. Students are encouraged to bring study materials in cases of downtime and to use the time wisely.

5. Lunch periods and breaks will be determined by the staff at each clinical site. Meal and break times are inclusive of the scheduled clinical education hours.

6. Students leaving the area during the clinical day must have the approval of the clinical personnel with whom they are assigned. The student must reflect this absence on their attendance record and call the Clinical Coordinator before leaving the clinical site.

7. If a student is going to be late or absent or leave an assigned clinical rotation early, he/she must notify the clinic personnel and appropriate College personnel in charge no
later than one hour prior to when the clinical day was scheduled to begin or one hour in
advanced of an early departure. Your clinical manual has the names and phone
numbers of the people you should contact in the event you are going to be late or
absent. If you are unable to speak directly to a staff member, leave a message for the
clinical staff, indicating approximately how late you will be (five minutes, one hour, etc.).
It is advised that students record the name and title of the person with whom the
message was left.

a) Short Term Clinical Absence Form: There may be instances where absence
from the clinical site is warranted in a last minute situation. Examples include,
but are not limited to: illness, flat tire, sudden death of a family member, etc.
These are all emergency situations where attendance at clinic for the day would
be excused. An immediate phone call to the clinical site and clinical coordinator
is mandatory. A short term absence form is due no later than one week following
the day the absence occurred. It is the student’s responsibility to schedule a
plan for make up with the clinical site where the absence occurred.

b) Future Clinical Absence Form: Most personal or health issues that warrant a
leave of absence can be anticipated in advance. Examples include, but are not
limited to: vacation, doctor’s appointments, family commitments, funerals,
surgery, etc. Any such need for absence from a clinical practicum should be
anticipated in advance to the extent possible. No more than 2 future absence forms will be allowed in any given clinical course for a semester. If the time
period of the absence extends 3 days on a form, a written request along with
your future absence form must be made to the Clinical Coordinator and it must
be then approved by the Program Director. Once the absence has been
approved by the Clinical Coordinator, it is the student’s responsibility to schedule
a plan for make up with the clinical site where the absence occurred.

c) If a student is in good standing academically, leave time for job interviews in
the final semester (pertaining to the field of study) will be allowed on a case
by case basis at the discretion of the Clinical Coordinator and/or Program
Director. (Missing class time will be addressed in each course specifically.)

Note: Absence forms that are handed in without a clinical instructor’s
signature will be automatically denied. Short Term absence forms that are
turned in more than one week following the absence will result in an
automatic 5 point deduction from the overall grade for the course. Future
absence forms that are turned in later than one week before the absence
will be automatically denied. If a make-up day or time that is listed on your
short notice or future notice absence forms needs to be changed for any
reason, a new absence form will need to be handed in indicating this
change.

8. If an excess of clinical absence occurs due to illness, a written note from a nurse or
physician may be requested before returning to the clinical site.
9. Students will arrange to make up clinical time as a result of tardiness with the Clinical Coordinator. The Clinical Coordinator will reschedule time missed based on clinic availability.

10. While every effort is made to schedule make up time as expeditiously as possible, due to the number of required hours and clinical site schedule, immediate placement may not be possible. Students who absent from the program for more than one semester may be required to enroll in a Bridge course to ensure technical competency. Refer to the Technical Competency Assurance following absence policy http://www.methodistcollege.edu/about/policies-and-guidelines.

11. Failure to follow any of these guidelines may result in the drop of up to one letter grade (from the overall grade). Failure to show up on an assigned clinical day or make-up day without the proper notification stated above may result in the drop of up to one letter grade (from the overall grade). NO-CALL NO-SHOW, that is not showing up to a clinical site and not calling in, is unacceptable behavior. Note, a family member may call in for you if you are unable to do so.

Return to Clinical Following Injury/Illness

**Purpose:**
To determine the student’s ability to return to normal clinical activities and to protect the student and patients.

**Policy:**
Upon return from an absence caused by having surgery, any orthopedic pain/injury including back/neck pain, pregnancy, delivery or a student requesting any restrictions must present documentation from their personal health care provider to the Student Health Center.

**Procedure:**
Documentation must indicate the date that the student may return to clinical and any restrictions. Students with physical restrictions may not be allowed to provide patient care. Restrictions will be evaluated on a case-by-case basis depending on the clinical area at the time of the illness/injury. Before returning to class/clinical from an absence related to an actual or probable infectious condition including, but not limited to, pink eye, diarrhea/vomiting, rash, draining wounds or influenza, the student must contact and may need to be seen by the Student Health Center at the request of the faculty. The student may also be requested to present documentation from their personal health care provider stating that they are no longer infectious and may return to class/clinical. All documentation related to the issues above shall be presented to the Student Health Center to be placed in the student’s medical file.

(Refer to http://www.methodistcollege.edu/about/policies-and-guidelines/student-health-policies for more information.)
Responsibilities of the Clinical Affiliate Supervisors/Instructors

The clinical affiliate supervisors/instructors are available to students whenever they are assigned to a clinical setting. They provide appropriate clinical supervision and are responsible for student clinical evaluation and clinical competencies. See your Clinical Coordinator(s) for list of current clinical supervisors/instructors and their contact information.

Supervision in the Clinical Setting

*Purpose:*
To ensure adequate and proper supervision during all clinical assignments.

*Policy:*
Students must perform medical imaging procedures under the direct or indirect supervision of a qualified technologist or sonographer. Students shall not take the responsibility or the place of qualified staff. A student is never to perform a clinical examination without either the direct or indirect supervision of their assigned sonographer.

- **Indirect supervision**: The student will perform an imaging study with the assigned sonographer, both student and sonographer will scan the patient. The sonographer may not be present in the exam room for the entire length of the exam, however, the sonographer will be immediately available to assist the student. The sonographer is ultimately responsible for the exam.

- **Direct supervision**: The student will perform an imaging study with the assigned sonographer, both student and sonographer will scan the patient. The sonographer will be present in the exam room for the entire length of the exam. The sonographer will always be present to assist the student. The sonographer is ultimately responsible for the exam.

It is encouraged that an entry level student will always perform clinical examinations under direct supervision from their assigned sonographer. As the student improves his/her knowledge ultrasound, anatomy, physiology, pathology, patho-physiology and clinical competency the clinical instruction will become more indirect to allow the student time to perfect their scanning skills and gain confidence. The assigned sonographer will always be immediately available and is always responsible for the exam in progress.

Clinical Probation Policy

*Purpose:*
To improve the student's professional behavior or technical skills to the level necessary for successful completion of the clinical practicum course. The term of probation is defined as a period of time from notice of the unsatisfactory performance (written or verbal) to the end of that semester/term, during which time, the student is placed on a Clinical Contract that specifies
what is necessary to improve professional behavior and/or technical skills required for successful completion of the Clinical Practicum Course.

**Policy:**

Depending on the nature and severity of an issue or concern, a student *may* be placed on Clinical Probation. Unsatisfactory clinical performance may include, but is not limited to violation of professional standards of behavior, deficiencies in technical skills and ability, issues related to attendance and punctuality, etc.

Examples of conditions that might warrant Clinical Probation include unprofessional behavior, repeated minor offences that have not been satisfactorily addressed by the student, or any situation where patient safety is compromised. A Clinical Contract will be established for the student that has been placed on Clinical Probation. The terms of the contract will specifically identify actions necessary for the student to earn a passing grade in the Clinical Course. If the student is successful in meeting the terms and conditions of the contract, the student will be removed from Clinical Probation at the *end of the term/semester*. If a student receives an unsatisfactory evaluation of the nature to warrant clinical probation in any subsequent semester/term (any term after the initial Clinical Probation has been lifted) the student will be dismissed from the program.

*typically through the written evaluation, but may include verbal notification in extreme circumstances where patient safety is compromised.*

**Procedure:**

1. The Student must meet with the Clinical Coordinator/Program Director to prepare a Clinical Contract explicitly stating expectations that must be met during the probationary period. The Clinical Contract shall identify the areas of concern and the goals for improvement.

2. It is the student’s responsibility to communicate regularly with the Clinical Coordinator/Program Director about their progression towards improvement and completion of the contract.

3. While on probation any further violation of professional behavior or technical skills can result in dismissal from the program.

4. At the end of the probation semester, the Clinical Coordinator/Program Director will review the terms of the contract and subsequent clinical evaluations. If the student has demonstrated satisfactory performance and has successfully met the terms of the contract, the student will be returned to good standing for the subsequent semester.

5. If improvement is not made within the probationary period, the student will receive a failing grade for the course.

6. A student may be placed on probation only once for a violation of professional standards of behavior and/or deficiencies and once for technical skills and ability in the
program. If the student is placed on probation for both of these areas in the same semester, then the student cannot be placed on probation again.

Patient Communication Policy

Purpose:
To provide students a framework to communicate effectively with patients, family, faculty and each other. Our students will display an active commitment to the five fundamentals of service and have the dedication of providing excellent care to our patients and their families.

Policy:
Students receive instruction in the AIDET process of communicating with patients, and are expected to follow this process in the clinical environment. Students will make sure to acknowledge and introduce themselves to patients, and explain treatment procedures to patients. This communication process serves to increase the patient’s trust in the student and the treatment, build the therapeutic relationship, decrease patient anxiety and improve clinical outcomes.

Communication Devices: (Personal Calls, Cell Phones and Pagers)

Purpose:
To support an academic and clinical atmosphere free from distractions caused by communication devices.

Policy:
No personal telephone call should be received while in the clinical area except for emergencies. Departmental telephones may not be used for personal calls.

- All students must turn cell phones and pagers off during all clinical hours. These devices are disruptive to the educational environment and should only be activated during breaks.
- Failure to do so may result in dismissal from the clinical site and could result in disciplinary action.

iPad Usage In the Clinical Setting

Purpose:
To ensure appropriate iPad usage amongst clinical sites and students.
Policy:

The clinical practicum courses require the iPad for clinical documentation, reference, record keeping and as a means of effective downtime utilization. The minimum technology requirement for the iPad is as follows:

iPad version 2 or higher

Minimum 16GB (32GB recommended)

Wi-Fi capable

iPad usage in the clinical setting offers tremendous educational advantages. In order to maximize these advantages, appropriate use of the iPad in the clinical setting is as follows:

- Usage of the iPad for activities pertaining to the clinical and educational experience.
- Usage of the iPad to access the Trajecsys system for daily clock in/clock out and clinical documentation. Usage of the iPad to research pathology, pertinent images and diagnostic techniques is wholly permitted and encouraged in the clinical setting.
- Usage of the iPad to access the Methodist College e-mail system and/or MyMethodist.
- Usage of the iPad for on the spot communication with the Clinical Coordinator and/or instructor (i.e. facetime). Note: Facetime communication is only to be initiated by the Clinical Coordinator and/or instructor.
- Usage of the iPad to study educational materials pertinent to NMC courses.
- Usage of the iPad to review assigned journal articles and other pertinent readings.

Inappropriate uses of the iPad in the clinical setting:

- Usage of the iPad to transmit and/or store sensitive patient information.
- Usage of social media, games and non-pertinent apps are forbidden in the clinical setting unless you are on a designated lunch break. Upon the conclusion of the lunch break, iPad usage reverts back to activities pertaining solely to the clinical and educational experience.
- Usage of the iPad to access non-NMC email accounts.
- Any other iPad usage that is deemed inappropriate by either the clinical coordinator and/or clinical staff.

There are no exceptions to these guidelines. These guidelines are independent of the policies pertaining to regular laboratory personnel.
Clinical Dress Code

Purpose:

Since the student has chosen a professional field for his/her work, it is important that the student portray a professional image to those with whom he/she comes into contact. Inappropriate dress and grooming detracts from the patient's confidence in the quality of their care.

Policy:

All students will be expected to adhere to the following dress code policy and the policies of their clinical sites.

Procedure:

1. Personal Grooming - Good taste indicates that haircuts, hairstyling, and personal grooming be neat and conservative rather than ostentatious. Grooming and style should also be practical so as to enable one's duties to be performed without embarrassment or inconvenience.
   a) Hair must be neat and an appropriate color. If long, it may be required to be tied back.
   b) Mustaches and beards, if worn, must be neat and trimmed.
   c) Excessive make-up and fragrances are not appropriate.
   d) Rings, if worn, should be low profile and limited to one finger per hand.
   e) One necklace is allowed and should be worn close to the neck.
   f) Earrings, if worn, should not exceed 1 inch in diameter and are limited to no more than two per ear.
      • No other pierced jewelry on any other visible part of the body, including tongue piercings, is permitted to be worn while in the clinical setting.
   g) Fingernails should be maintained in a professional manner, be closely trimmed, and should not interfere with patient care or professional duties. False fingernails are strictly prohibited. Nail polish, if worn, should be subdued in color.
   h) Any visible tattoos must be appropriately covered.

2. Dress – All students will arrive at the clinical site in a clean uniform. Individual clinical sites may or may not have additional stipulations. Solid, one color uniforms are to be worn by students. Students may attend a conference or grand rounds and business casual dress will be required. Some sites do have specific uniform requirements; please check with your Clinical Coordinator for details before buying any uniforms.

In addition to the above:
a) A short white laboratory jacket may be worn and is recommended.

b) The College insignia patch must be worn on the upper left sleeve of the uniform, two inches down from the shoulder seam.

c) Name badges must be worn at ALL TIMES and shall be worn on the uniform so that the student’s identity is readily visible to the patient. Students are not allowed to wear name tags at waist level.

d) Clean shoes are required. Athletic shoes are acceptable. High heels or opened toed shoes are not allowed as they pose a safety risk.

e) Only white crew socks or knee highs. No ankle socks or Peds (footies) shall be worn.

f) Words, pictures, and/or symbols displayed on clothing other than the insignia patch is not allowed.

g) A white shirt is allowed to be worn underneath a uniform top. It must be a cotton blend; thermal fabric is not allowed.

3. Students will be dismissed from clinical if they are NOT in compliance with the dress code. The Clinical Coordinator and/or Program Director must be notified prior to dismissing a student for any reason.

4. All clinical time lost in this manner will have to be made up. (See attendance policy.)

**Trajecsys Online Clinical Recordkeeping**

**Purpose:**

The Diagnostic Medical Sonography Program uses an on-line student record management service called Trajecsys. This system is used by each student to clock in and out of their clinical education sites as well as to keep track of the procedures in which they are involved. It is used by the clinical instructors to complete the necessary paperwork on each student, and it is also used by the faculty to maintain accurate records of each student’s accomplishments in the clinical setting.

Each student is required to sign up for this service. The instructions for doing this will be provided by your Clinical Coordinator(s) at the appropriate time in the program. There is a one-time fee of $150.00 which will be assessed as a course fee in the student’s first clinical practicum course that is good for the length of the program. Students will not be allowed to start their clinical education unless they have registered and paid for Trajecsys.
Clinical Documentation & Record Keeping

Purpose:
Verification of experiences gained while in the clinical rotations is essential for maintaining and providing high quality education to the students.

Policy:
Students are required to complete various types of program documentation. It is the student’s responsibility to maintain their own documentation and records. Examples of these forms are provided in the Student Clinical Manual, as well as on MyMethodist. Clinical Evaluation expectations are explained in great detail in the Clinical Manuals.

Procedure:
1. Documentation is primarily the responsibility of the student.
2. Responsibility for documentation is as follows:

   **DAILY**
   - Trajecsys Time and Case Logs
   - Daily Attendance Sheet

   **AS REQUIRED**
   - Competency Forms
   - Clinical Performance Evaluation Forms
   - Clinical Site Evaluation Forms
   - Additional Learning Activities Journal
   - Award Nomination
   - Image Portfolio
3. Students are expected to maintain their documentation up-to-date.
4. Documentation will be collected and checked regularly by program faculty.
5. If a student does not keep documentation current and available for collection, disciplinary action may result and the clinical grade may be reduced. Clear deadlines will be determined by the Clinical Coordinator and will be communicated in the clinical course syllabus.
6. Discussion of grades with other students and/or clinical staff is strictly prohibited. Grades are private and may only be discussed with the faculty and administration of the college. The clinical instructors shall not discuss the evaluation with the student and the student is not to discuss the nature of the evaluation with the clinical instructor without the Clinical Coordinator present. Disciplinary action may be necessary in some instances.
7. The falsification, forgery, or misrepresentation of clinic documentation will not be tolerated in this program. Upon determination that a student is guilty of falsification of clinical records, disciplinary action and/or dismissal from the program will occur. Regarding attendance, falsification of records includes, but is not limited to, signing out before your clinical day is completed or signing in for times that you are not present in clinic.

8. If the Program Administration decides to allow the student to remain in the program based on evidence that has been established, if the affiliate site chooses to no longer allow that student access to its operations and if another suitable site cannot be found for that student, the program cannot guarantee clinical placement, and therefore, cannot guarantee clinical progression for that student.

Completing Documentation

**Purpose:**

Completing documentation accurately and submitting them in professional-quality condition by scheduled deadlines is an important element of a student’s professional behavior. Students are expected to know scheduled deadline dates and required documentation. Each student has a clinical file, maintained by the Clinical Coordinator. The clinical file contains a complete set of documentation for each student’s clinical experience. This file remains in the department indefinitely. It provides the documentation needed to verify clinical experiences and is referred to during the accreditation process or if graduates request verification letters for licensure and other professional endorsements.

**Procedure:**

1. All required clinical documentation is to be submitted in professional-quality condition to the Clinical Coordinator by the date due.

2. Forms in worn condition (i.e., crumpled, containing food and drink stains, and illegible) will be returned to the student for resubmission. Incomplete forms (i.e., forms with missing data or signatures) will be returned to the student for resubmission.

3. Trajecsys Reporting System will be used by students to enter clinical hours, cases, submit evaluations, competencies, etc. You will need to register for Trajecsys by going to [www.trajecsys.com](http://www.trajecsys.com) and choosing the Registration tab at the top right. Once you are registered you will be able to login using the Log In tab at the top right. If you ever need assistance, a User Guide is available to you on the left side of the screen. This contains videos that explain everything in detail. There are also step by step instructions on how to complete tasks in Trajecsys posted on MyMethodist.

4. Students missing documentation at the end of the semester will receive an “I” grade until the file is complete. All Incompletes must be taken care of before the student can progress to their next clinical practicum.
Instructions for Completion of Forms/Documentation

1. Daily Attendance Form (pink)
   a) At the end of each clinical day you will have a clinical instructor sign and date your log to verify the time you were there that day. **These hours must match the hours on Trajecsys.**
   b) After every clinical rotation you will hand this in completed to your Clinical Coordinator with your signature. You may start a new daily attendance log after every clinical rotation.
   c) If a mistake is made while writing, do not scribble out, write over, or use white out. Simply cross out the entire line, initial it, and start a new one.

2. Trajecsys Time Log
   a) You will log into Trajecsys daily to clock in and clock out of clinical. This will help you keep track of your clinical hours. This must be done while in the ultrasound department. Clock ins should not be more than 15 minutes before the scheduled clinical time.
   b) The hours on your Trajecsys time log and pink daily attendance form must match in order to receive credit.
   c) To clock in with Trajecsys:
      - Click on the “Clock in/out” tab on the left.
      - Choose the appropriate clinical site and click on “clock in” or “clock out”.
      - The system will then log you out and you will be clocked in/out.
      **If you forget to clock in or clock out, then you will need to choose the “Time Exception” tab and complete all information within.**

3. Trajecsys Case Log
   a) This will be filled out at home after each clinical day to help keep track of the number of exams you observed, backscanned, scanned with assistance, partially performed, and completely performed.
   b) To log your daily studies in Trajecsys:
      - Click on the “Daily Logsheet” tab on the left.
      - This will bring up the Date and you will select the Site, Amount of studies done, and Supervising Employee (you need to add any new sonographers that you work with, by clicking “New”).
• Click on “Add Logsheet”. This is where you will choose Major Study, Skill, Participation Level, Pathology (if there is pathology, note what you found) and Time Spent.

4. Clinical Site Evaluation (in Trajecsys)
   a) This will be filled out by you, the student, at the end of each rotation. You will evaluate the site you have just finished.
   b) To do an evaluation in Trajecsys:
      • Click on the “Evaluation” tab on the left.
      • Click on Student Evaluation of Clinical Site
      • Once you have completely filled it out, hit Submit

* If you have a problem at a clinical site prior to filling out the evaluation at the end of the rotation, please fill out a pink clinical concern form and hand it in to your Clinical Coordinator ASAP.

5. Clinical Feedback Form
   a) This is an option available to you to receive written feedback from your clinical instructors. This form is not a part of your permanent record and is not required, but is there for you to use if you would like feedback any time during your rotation prior to receiving your final Student Clinical Evaluation. It is your responsibility to initiate this process with the clinical instructors.

Clinical Performance (Rotation) Evaluations

Purpose:
The Clinical Performance (Rotation) Evaluation provides communication between the clinical staff, program faculty and the student regarding the student’s performance in the clinical setting. The evaluation is meant to effectively measure the performance (professional and technical) of a student and provide constructive feedback at the completion of a clinical rotation. Feedback may include praise for noteworthy performance and analysis of deficient performance.

Policy:
A Clinical Instructor will complete a Clinical Performance (Rotation) Evaluation at the completion of a student’s clinical rotation.
**Procedure:**

1. The Clinical Coordinator shall give the Clinical Sites a Clinical Performance (Rotation) Evaluation upon completion of a student’s clinical rotation.

2. The Clinical Performance Evaluation will be returned to the Clinical Coordinator within 7-10 working days. This can be done via mail, Trajecsys, or hand delivered to the Clinical Coordinator by the Clinical Instructor. Under no circumstance will the student return an evaluation from the clinical site.

3. It is the student’s responsibility to schedule time to go over this paperwork with the Clinical Coordinator. The student will review and sign the evaluation after each rotation. Any questions/concerns will be addressed at that time with the Clinical Coordinator and if necessary the Program Director.
   - If a student receives a marking under the “Needs Improvement” category, the student and the Clinical Coordinator will conference to discuss the evaluation.
   - The implementation of a Clinical Performance Contract will be up to the discretion of the Clinical Coordinator depending on the nature and severity of the situation.
   - If the criteria in the Clinical Performance Contract are not met with satisfaction, the student will receive a failing grade for the course and will need to refer to the Academic Progression Policy in the Student Handbook.

4. The clinical instructors shall not discuss the evaluation with the student and the student is not to discuss the nature of the evaluation with the clinical instructor without the Clinical Coordinator present. Student records, including clinical evaluations, are protected documents. The clinical instructors are not to discuss the student evaluation with anyone who does not meet the Federal standard (FERPA) for need to know.

**Student Clinical Evaluation Grading Criteria**

There are 8 categories on the evaluation which will be broken down into two sections - Professionalism and Patient Care/Skill:

- Professionalism (categories 1-5) will be worth a total of 20 points
- Patient Care/Skill (categories 6-9) will be worth a total of 16 points.

The point system for each category is as follows:

- If all marks are given under “Skills are Strong”, 4 points shall be received
- If any one mark is given under “Skills are Still Developing”, but none in “Needs Improvement”, 2 points shall be received
- If any one mark is given under “Needs Improvement”, 0 points shall be received
A student must have a 75% evaluation average at the end of the Clinical Practicum II and III in order to pass the course.

**Informed Consent – Patient Consent**

**Purpose:**
To provide a mechanism to ensure patients are informed when students are involved in patient care and to ensure the risk-free right of patients to refuse to participate in clinical education.

**Policy:**
1. Students are to introduce themselves to the patient as a sonography student with Nebraska Methodist College
2. In accordance with the dress-code policy, students are required to wear their lab coats or scrub tops with the NMC patch that identifies them as a student in the sonography program and are to wear appropriate identification badges as determined by the clinical site.
3. If a patient refuses to allow the student to participate in their care, the student is to respond appropriately and respectfully to the patient and seek out the supervising clinical instructor, after ensuring that the patient’s safety is secured.

**Medical Error Reporting**

**Purpose:**
It is a professional obligation to immediately report and actively prevent medical errors. Because students will be working with patients in a health care setting, there is the potential for error, and the possibility of identifying the potential for error. Students have an obligation to report any errors that may have gone unnoticed so that patient safety can be maximized. The purpose of reporting error, in addition to its direct impact on the patient affected, is to develop a plan to prevent such errors in the future.

**Policy:**
When a student feels that an error in practice has occurred (whether or not they made the error), it is their responsibility to inform their direct clinical instructor or lab instructor. The student is obligated to report the error as soon as reasonably possible to a person in authority. If the student fears possible repercussions from reporting the error, they should contact either the Clinical Coordinator or Program Director immediately. Depending on the nature of the error if committed by the student, a plan for remedial education may be required.
Parking at Clinical Sites

Policy:
Students are responsible for their own personal transportation. Public transportation is available to and from affiliating agencies. Some clinical experiences necessitate the use of an automobile. Students must park in designated lots at all facilities.

Parking at the Methodist Hospital Facility and Children’s Hospital
Students are required to park in the Methodist Employee parking garage and walk to the Methodist Hospital or Children’s Hospital Radiology Departments.

Parking at other Clinical Facilities
Students should familiarize themselves with the rules and regulations of the assigned clinical facility. Students are expected to abide by that facility’s expectations and guidelines.

Process for Handing in Assignments

Procedure:
Due dates and times for assignments will be provided in the syllabus. If you need clarification on any of this, it is your responsibility to ask your instructor.

There are 3 ways to submit your assignments:

1. Directly to your Clinical Coordinator in his/her office.

2. Use Google Drive

3. Clark front desk receptionists. Please have one of the receptionists sign, time and date the item you are turning in. Generally, if the item is received at the Clark front desk by 2:00 pm that day, it will get transported to the faculty mailbox that day. If it is received later than 2:00 pm, your assignment may not be received by your instructor until the following day when the mail is delivered in the afternoon. There may be occasions where mail may be delivered earlier or later in the day.

As a student, it is your responsibility to keep track of when assignments are due and to make sure your instructor receives the assignment when it is due. You will not be reminded.

Any assignment that is submitted after a deadline and time will no longer be eligible for full credit. In most cases, 50% of the learning experience can be earned for late work. This however, remains at the instructor’s discretion. All work is to be received on or before due dates and times listed in the syllabus.
Student Responsibility Statement

As a student in the Diagnostic Medical Sonography Program, it is your responsibility to read this Handbook and Appendices. Your signature below confirms that you have read and understand and agree to the student policies as outlined in the NMC DMS Student Handbook and Appendices. Furthermore, you will agree to and will comply with the course requirements as listed in each DMS syllabus.

Printed Name _____________________________________________

Student Signature ________________________________________ Date ____________
Appendix A: Scope of Practice

Scope of Practice for the Diagnostic Ultrasound Professional

Preamble:
The purpose of this document is to define the Scope of Practice for Diagnostic Ultrasound Professionals and to specify their roles as members of the health care team, acting in the best interest of the patient. This scope of practice is a "living" document that will evolve as the technology expands.

Definition of the Profession:
The Diagnostic Ultrasound Profession is a multi-specialty field comprised of Diagnostic Medical Sonography (with subspecialties in abdominal, neurologic, obstetrical/gynecologic and ophthalmic ultrasound), Diagnostic Cardiac Sonography (with subspecialties in adult and pediatric echocardiography), Vascular Technology, and other emerging fields. These diverse specialties are distinguished by their use of diagnostic medical ultrasound as a primary technology in their daily work. Certification\(^1\) is considered the standard of practice in ultrasound. Individuals who are not yet certified should reference the Scope as a professional model and strive to become certified.

Scope of Practice of the Profession:
The Diagnostic Ultrasound Professional is an individual qualified by professional credentialing\(^2\) and academic and clinical experience to provide diagnostic patient care services using ultrasound and related diagnostic procedures. The scope of practice of the Diagnostic Ultrasound Professional includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, and in which he/she has demonstrated competency.

Diagnostic Ultrasound Professionals:

- Perform patient assessments

\(^1\) An example of credentials: RDMS (registered diagnostic medical sonographer), RDCS (registered diagnostic cardiac sonographer), RVT (registered vascular technologist); awarded by the American Registry for Diagnostic Medical Sonography,® a certifying body with NCCA Category "A" membership.

\(^2\) Credentials should be awarded by an agency certified by the National Commission for Certifying Agencies (NCCA).
• Acquire and analyze data obtained using ultrasound and related diagnostic technologies

• Provide a summary of findings to the physician to aid in patient diagnosis and management

• Use independent judgment and systematic problem solving methods to produce high quality diagnostic information and optimize patient care.

Reference: http://www.sdms.org/positions/scope.asp
Appendix B: Code of Ethics

Code of Ethics For The Profession of Diagnostic Medical Ultrasound (Adopted by the SDMS)

Principle I: In order to promote patient well-being, professionals shall:
A. Provide information about the procedure and the reason it is being done. Respond to patient’s concerns and questions.
B. Respect the patient’s self-determination and the right to refuse the procedure.
C. Recognize the patient’s individuality and provide care in a non-judgmental and non-discriminatory manner.
D. Promote the privacy, dignity and comfort of the patient and his/her family.
E. Protect the confidentiality of acquired patient information.
F. Strive to ensure patient safety.

Principle II: To promote the highest level of competent practice, professionals shall:
A. Obtain the appropriate education and skills to ensure competence.
B. Practice according to published and recognized standards.
C. Work to achieve and maintain appropriate credentials.
D. Acknowledge personal limits and not practice beyond their capacity and skills.
E. Perform only those procedures that are medically indicated, restricting practice to validated and appropriate tests. For research studies, follow established research protocol, obtaining (and documenting) informed patient consent as needed.
F. Ensure the completeness of examinations and the timely communication of important information.
G. Strive for excellence and continued competence through continuing education.
H. Perform ongoing quality assurance.
I. NOT compromise patient care by the use of substances that may alter judgment or skill.
Principle III: To promote professional integrity and public trust, the professional shall:

A. Be truthful and promote honesty in interactions with patients, colleagues and the public.

B. Accurately represent their level of competence, education and certification.

C. Avoid situations which may constitute a conflict of interest.

D. Maintain appropriate personal boundaries with patients including avoidance of inappropriate conduct, be it verbal or non-verbal.

E. Promote cooperative relationships within the profession and with other members of the health care community.

F. Avoid situations which exploit others for financial gain or misrepresent information to obtain reimbursement.

G. Promote equitable access to care.

Reference - http://www.sdms.org/about/codeofethics.asp
Appendix C: Clinical Practice Standards

Diagnostic Ultrasound Clinical Practice Standards

Standards are designed to reflect behavior and performance levels expected in clinical practice for the Diagnostic Ultrasound Professional. These Clinical Practice Standards set forth the standards (principles) that are common to all of the specialties within the larger category of the diagnostic ultrasound profession.

Individual specialties or subspecialties may adopt standards that extend or refine these general Standards and that better reflect the day to day practice of these specialties. Certification is considered the standard of practice in ultrasound. Individuals not yet certified may reference these Clinical Practice Standards to optimize patient care.

Section 1

Patient Information Assessment and Evaluation Patient Education & Communication, Procedure Plan

STANDARD - Patient Information Assessment & Evaluation:

1.1 Information regarding the patient's past and present health status is essential in providing appropriate diagnostic ultrasound information. Therefore, pertinent data regarding the patient's medical history, including familial history as it relates to the diagnostic ultrasound procedure, should be collected whenever possible and evaluated to determine its relevance to the ultrasound examination.

The Diagnostic Ultrasound Professional:

1.1.1 Verifies patient identification and that the requested procedure correlates with the patient's clinical history and presentation. In the event that the requested procedure does not correlate, either the interpreting physician or the referring physician will be notified.

1.1.2 Uses interviewing techniques to gather relevant information from the patient or patient's representative and the patient's medical records regarding the patient's health status and medical history.

1.1.3 Assesses the patient's ability to tolerate procedures.

1.1.4 Evaluates any contra-indications to the procedure, such as medications, insufficient patient preparation or the patient's inability or unwillingness to tolerate the procedure.
STANDARD - Patient Education and Communication:

1.2 Effective communication and education are necessary to establish a positive relationship with the patient and/or the patient’s representative, and to elicit patient cooperation and understanding of expectations.

*The Diagnostic Ultrasound Professional:*

1.2.1 Communicates with the patient in a manner appropriate to the patient’s ability to understand. Presents explanations and instructions in a manner which can be easily understood by the patient and other health care providers.

1.2.2 Explains the examination procedure to the patient and responds to patient questions and concerns.

1.2.3 Refers specific diagnostic, treatment or prognosis questions to the patient's physician.

STANDARD - Analysis and Determination of Procedure Plan for Conducting the Diagnostic Examination

1.3 The most appropriate procedure plan\(^1\) seeks to optimize patient safety and comfort, diagnostic ultrasound quality and efficient use of resources, while achieving the diagnostic objective of the examination.

*The Diagnostic Ultrasound Professional:*

1.3.1 Analyzes the previously gathered information and develops a procedure plan for the diagnostic procedure. Each procedure plan is based on age appropriate and gender appropriate considerations and actions.

1.3.2 Uses independent professional judgment to adapt the procedure plan to optimize examination results. Performs the ultrasound or vascular technology procedure under general\(^2\) or direct\(^3\) supervision, as defined by the procedure.

1.3.3 Consults appropriate medical personnel, when necessary, in order to optimize examination results.

1.3.4 Confers with the interpreting physician, when appropriate, to determine if contrast media administration will enhance image quality and provide additional diagnostic information.

1.3.5 Uses appropriate technique for intravenous line insertion and contrast media administration when the use of contrast is required.
1.3.6 Determines the need for accessory equipment.\(^4\)

1.3.7 Determines the need for additional personnel to assist in the examination.

1.3.8 Acquires prior written approval from the medical director for contrast media injection.\(^5\)

**STANDARD - Implementation of the Procedure Plan**

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate procedure plan.

_The Diagnostic Ultrasound Professional:_

1.4.1 Implements a procedure plan that falls within established protocols.\(^6\)

1.4.2 Elicits the cooperation of the patient in order to carry out the procedure plan.

1.4.3 Modifies the procedure plan according to the patient’s disease process or condition.

1.4.4 Uses accessory equipment, when appropriate.

1.4.5 Modifies the procedure plan, as required, according to the physical circumstances under which the procedure must be performed (i.e., operating room, ultrasound laboratory, patient’s bedside, emergency room.)

1.4.6 Assesses and monitors the patient’s physical and mental status during the examination.

1.4.7 Modifies the procedure plan according to changes in the patient’s clinical status during the procedure.

1.4.8 Administers first aid, or provides life support in emergency situations, as required by employer policy.

1.4.9 Performs basic patient care tasks, as needed.

1.4.10 Requests the assistance of additional personnel, when warranted.

1.4.11 Recognizes sonographic characteristics of normal and abnormal tissues, structures and blood flow; adjusts scanning technique to optimize image quality and spectral waveform characteristics.
1.4.12 Analyzes sonographic findings throughout the course of the examination so that a comprehensive exam is completed and sufficient data is provided to the physician to direct patient management and render a final diagnosis.

1.4.13 Performs measurements and calculations according to laboratory protocol.

1.4.14 Strives to minimize patient exposure to acoustic energy without compromising examination quality or completeness.

STANDARD - Evaluation of the Diagnostic Examination Results

1.5 Careful evaluation of examination results in the context of the procedure plan is important in order to determine whether the procedure plan goals have been met.

*The Diagnostic Ultrasound Professional:*

1.5.1 Establishes that the examination, as performed, complies with applicable protocols and guidelines.

1.5.2 Identifies any exceptions to the expected outcome.

1.5.3 Documents any exceptions clearly, concisely and completely. When necessary, develops a revised procedure plan in order to achieve the intended outcome.

1.5.4 Initiates additional scanning techniques or administers contrast agents as indicated by the examination and according to established laboratory policy and procedures under state law.

1.5.5 Notifies an appropriate health provider when immediate medical attention is necessary, based on procedural findings and patient conditions.

1.5.6 Evaluates the patient's physical and mental status prior to discharge from the Diagnostic Ultrasound Professional.

1.5.7 Upon assessment of the examination findings, recognizes the need for an urgent rather than routine report and takes appropriate action.

1.5.8 Provides a written or oral summary of preliminary findings to the physician.
STANDARD - Documentation

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care and quality assurance.

The Diagnostic Ultrasound Professional:

1.6.1 Documents diagnostic and patient data in the appropriate record, according to the policy and procedure of the facility.

1.6.2 Ensures that the documentation is timely, accurate, concise and complete.

1.6.3 Documents any exceptions from the established protocols and procedures.

1.6.4 Records diagnostic images and data for use by the interpreting physician in rendering a diagnosis and for archival purposes.

1.6.5 Provides an oral or written summary of preliminary findings to the interpreting physician.

Section 2

Quality Assurance Performance Standards

STANDARD - Implementation of Quality Assurance

2.1 Implementation of a quality assurance action plan is imperative for quality diagnostic procedures and patient care.

The Diagnostic Ultrasound Professional:

2.1.1 Obtains assistance appropriate personnel to implement the quality assurance action plan.

2.1.2 Implements the quality assurance action plan.

STANDARD - Assessment of Equipment, Procedures and the Work Environment

2.2 The planning and provision of safe and effective medical service relies on the collection of pertinent information about equipment, procedures and the work environment.

The Diagnostic Ultrasound Professional:
2.2.1 Strives to maintain a safe workplace environment.

2.2.2 Performs equipment quality assurance procedures, as required, to determine that equipment operates at an acceptable performance level.

2.2.3 Seeks to ensure that each work site in which the Diagnostic Ultrasound Professional conducts patient examinations has in place a policy manual that addresses environmental safety, equipment maintenance standards and equipment operation standards and that this policy manual is reviewed and revised on a regular basis. Knows, understands and implements the policies set forth in the work site policy manual.

STANDARD - Analysis and Determination of a Quality Assurance Plan

2.3 The Diagnostic Ultrasound Professional uses quality assurance and continuous quality improvement methods to assess and evaluate all aspects of ultrasound practice.

*The Diagnostic Ultrasound Professional:*

2.3.1 Strives to become knowledgeable about the theory and practice of quality assurance and continuous quality improvement methods and procedures as they are applied in the clinical environment.

Works with all concerned parties to implement such methods and procedures with the objective of continuously improving the quality of ultrasound diagnostic services.

2.3.2 Compares quality assurance results to established and acceptable values.

2.3.3 Works with all concerned parties to formulate and implement an action plan.

STANDARD - Outcomes Measurement

2.4 Outcomes assessment is an integral part of the ongoing quality assurance plan to enhance diagnostic services.

*The Diagnostic Ultrasound Professional:*

2.4.1 Based on outcomes assessment, determines whether the performance, of equipment and materials is in accordance with established guidelines and protocols.
2.4.2 Based on outcomes assessment, determines whether the diagnostic information provided as a result of the ultrasound examination correlates with other diagnostic testing or procedures performed on the same patient.

2.4.3 Based on outcomes assessment, determines that each test achieves the same outcome when performed by different Diagnostic Ultrasound Professionals.

2.4.4 Develops and implements an action plan when outcome measurement results are not within currently accepted tolerances.

2.4.5 Is knowledgeable of, or works with the medical director to develop, written diagnostic ultrasound procedure protocols that meet or exceed established guidelines.\(^{12}\)

**STANDARD - Documentation**

2.5 Documentation provides evidence of quality assurance activities designed to enhance the safety of patients, the public, and health care providers, during diagnostic ultrasound procedures.

*The Diagnostic Ultrasound Professional:*

2.5.1 Maintains documentation regarding quality assurance activities, procedures, and results, in accordance with the established laboratory policies and protocols.

2.5.2 Provides timely, concise, accurate and complete documentation of quality assurance activities.

2.5.3 Adheres to the established quality assurance performance standards.

**Section 3**

**Professional Performance Standards**

**STANDARD - Quality of Care**

3.1 All patients expect and deserve excellent care during the ultrasound examination.

*The Diagnostic Ultrasound Professional:*

3.1.1 Works in partnership with other health care professionals to provide the best medical care possible for all patients.
3.1.2 Obtains and maintains appropriate professional credentials.13

3.1.3 Adheres to the standards,14 policies,15 and procedures16 adopted by the profession and regulated by law.

3.1.4 Provides the best possible diagnostic exam for each patient by applying professional judgment and discretion.

3.1.5 Anticipates and responds to the needs of the patient.

3.1.6 Participates in quality assurance programs.

3.1.7 Stays current with required continuing medical education (CME) in order to stay abreast of changes in the field of diagnostic ultrasound and to maintain professional credentials.

STANDARD - Self-Assessment

3.2 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge and skills.

The Diagnostic Ultrasound Professional:

3.2.1 Recognizes personal strengths and uses them to benefit patients, coworkers, and the profession.

3.2.2 Performs diagnostic procedures only after receiving appropriate education and supervised clinical experience.

3.2.3 Recognizes and takes advantage of educational opportunities, including improvement in technical and problem-solving skills and personal growth.

STANDARD - Education

3.3 Advancements in medical science and technology occur very rapidly, requiring an ongoing commitment to professional education.

The Diagnostic Ultrasound Professional:

3.3.1 Maintains professional credentials that are specifically related to the currently practiced discipline(s).
3.3.2 Participates in continuing education activities through professional societies and organizations, to enhance knowledge, skills and performance.

STANDARD - Collaboration

3.4 Quality patient care is provided when all members of the health care team communicate and collaborate efficiently.

The Diagnostic Ultrasound Professional:

3.4.1 Promotes a positive and collaborative atmosphere with all members of the health care team.

3.4.2 Effectively communicates with all members of the health care team regarding the welfare of the patient.

3.4.3 Shares knowledge and expertise with colleagues, patients, students, and all members of the health care team.

STANDARD - Ethics

3.5 All decisions made and actions taken on behalf of the patient adhere to the Code of Ethics upon which the accepted professional standards are based.

The Diagnostic Ultrasound Professional:

3.5.1 Adheres to the accepted professional ethical standards as defined by the Code of Ethics.

3.5.2 Is accountable for professional judgments and decisions, as outlined in the professional standard of ethics.

3.5.3 Provides patient care with bias toward none and equal respect for all.

3.5.4 Respects and promotes patients rights.

3.5.5 Provides patient care with respect for patient dignity and needs.

3.5.6 Acts as a patient advocate supporting patient rights.

3.5.7 Adheres to the established professional performance standards of practice.
Procedure Plan: A plan for conducting the ultrasound or related examination. The procedure plan must take into account the skills and knowledge of the Diagnostic Ultrasound Professional, the condition and history of the patient, the objectives of the examination, the diagnostic criteria, the capabilities of available ultrasound and related equipment and a wide range of other factors.

General Supervision: the minimal level of physician supervision; physician is not required to be present in the office suite when the ultrasound procedure is performed.

Direct Supervision: physician must be present in office suite when ultrasound exam or vascular procedure is performed.

Accessory equipment: Equipment which extends or modifies the function of the ultrasound scanning device, or which provides ancillary or complimentary diagnostic information (i.e. non-ultrasound testing equipment).

Note: Approval of individuals for contrast media injection and IV line insertion requires that the individual have obtained education and training for this function and have demonstrated competency. The Diagnostic Ultrasound Professional is encouraged to obtain continuing medical education related to the materials being injected and the procedures being performed.

Protocols: A standardized description of the elements of a task, procedure or process; a detailed plan of a procedure.

Examination results: The ultrasound images, data and measurements which result from the examination process.

Guideline: A written document which provides suggestions (guidance) on how to accomplish a particular task, procedure or process on how to respond to specified circumstances.

Expected outcome: The expected information and data which was anticipated to have resulted from the examination.

Exceptions: Any elements of the examination protocol that were not performed; the Diagnostic Ultrasound Professional must document exceptions in the written summary of examination findings.

Outcome Assessment: Assessment of an action, process or procedure based on the ultimate outcome of that action, process or procedure. In this case, the term refers to assessment of the outcome of the diagnostic test (the results of the test or the diagnosis) in comparison to other sources of information (i.e. other types of diagnostic testing) which can be used to assess the validity of the conclusions reached on the basis of the ultrasound examination.

Guidelines: (Relevant to the development of diagnostic procedure protocols): Professional organizations, including the American Institute of Ultrasound in Medicine, the American College of Radiology, the American College of Obstetrics and Gynecology, the American Society of Echocardiography, the Society of Diagnostic Medical Sonography and the Society for Vascular Sonography have published guidelines for clinical ultrasound procedures.

Professional Credentials: Competency based ultrasound credentials awarded by a National Commission for Certifying Agencies (NCCA) accredited certification body; an example is the American Registry for Diagnostic Medical Sonography (ARDMS).

Standards: Statements of the minimum behavioral or performance levels that are acceptable. Something established by authority as a rule for the measure of quantity or quality.

Policies: Written statements indicating what actions are to be taken when specific criteria are encountered. A definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.

Procedures: Written guidelines that state how a task is to be accomplished, the specific steps to be taken, or how a policy is to be executed.
17 **Code of Ethics**: Document defining the expected professional standard of conduct for Diagnostic Ultrasound Professionals; published by the Sonography Coalition and included in the appendix.